

FORM B1 United States Bankruptcy Court WESTERN District of NEW YORK		Voluntary Petition																
Name of Debtor (if individual, enter Last, First, Middle): Castellano, Kathleen M.		Name of Joint Debtor (Spouse)(Last, First, Middle):																
All Other Names used by the Debtor in the last 6 years (include married, maiden, and trade names): fka Kathleen M. Zeiner fka Kathleen M. O'Dell		All Other Names used by the Joint Debtor in the last 6 years (include married, maiden, and trade names):																
Last four digits of Soc. Sec. No./Complete EIN or other Tax I.D. No. (if more than one, state all) 4582		Last four digits of Soc. Sec. No./Complete EIN or other Tax I.D. No. (if more than one, state all):																
Street Address of Debtor (No. & Street, City, State & Zip Code): 433 Eastbrooke Ave. Rochester NY 14618		Street Address of Joint Debtor (No. & Street, City, State & Zip Code):																
County of Residence or of the Principal Place of Business: Monroe		County of Residence or of the Principal Place of Business:																
Mailing Address of Debtor (if different from street address): SAME		Mailing Address of Joint Debtor (if different from street address):																
Location of Principal Assets of Business Debtor (If different from street address above): NOT APPLICABLE																		
Information Regarding the Debtor (Check the Applicable Boxes)																		
Venue (Check any applicable box) <input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. <input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.																		
Type of Debtor (Check all boxes that apply) <input checked="" type="checkbox"/> Individual(s) <input type="checkbox"/> Railroad <input type="checkbox"/> Corporation <input type="checkbox"/> Stockbroker <input type="checkbox"/> Partnership <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Other _____ <input type="checkbox"/> Clearing Bank		Chapter or Section of Bankruptcy Code Under Which the Petition is Filed (Check one box) <input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Sec. 304 - Case ancillary to foreign proceeding																
Nature of Debts (Check one box) <input checked="" type="checkbox"/> Consumer/Non-Business <input type="checkbox"/> Business		Filing Fee (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (Applicable to individuals only) Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form No. 3.																
Chapter 11 Small Business (Check all boxes that apply) <input type="checkbox"/> Debtor is a small business as defined in 11 U.S.C. § 101 <input type="checkbox"/> Debtor is and elects to be considered a small business under 11 U.S.C. § 1121(e) (Optional)																		
Statistical/Administrative Information (Estimates only) <input checked="" type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.		THIS SPACE IS FOR COURT USE ONLY																
Estimated Number of Creditors 1-15 16-49 50-99 100-199 200-999 1000-over <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																		
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Voluntary Petition

(This page must be completed and filed in every case)

Name of Debtor(s):

FORM B1, Page 2Kathleen M. Castellano**Prior Bankruptcy Case Filed Within Last 6 Years (If more than one, attach additional sheet)**

Location Where Filed:

NONE

Case Number:

Date Filed:

Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor (If more than one, attach additional sheet)

Name of Debtor:

NONE

Case Number:

Date Filed:

District:

Relationship:

Judge:

Signatures**Signature(s) of Debtor(s) (Individual/Joint)**

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X /s/ Kathleen M. Castellano

Signature of Debtor

X _____
Signature of Joint Debtor_____
Telephone Number (If not represented by attorney)_____
Date**Exhibit A**

(To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under Chapter 11)

☐ Exhibit A is attached and made a part of this petition**Exhibit B**

(To be completed if debtor is an individual whose debts are primarily consumer debts)

I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter.

X /s/ Peter D. Grubea

Signature of Attorney for Debtor(s)

Date**Exhibit C**

Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health and safety?

☐ Yes, and exhibit C is attached and made a part of this petition.
☒ No

Signature of Attorney**X** /s/ Peter D. Grubea

Signature of Attorney for Debtor(s)

Peter D. Grubea

Printed Name of Attorney for Debtor(s)

Law Office of Peter D. Grubea

Firm Name

482 Delaware Ave.

Address

Buffalo NY 14202(716) 853-1366

Telephone Number

Date**Signature of Non-Attorney Petition Preparer**

I certify that I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110, that I prepared this document for compensation, and that I have provided the debtor with a copy of this document.

Printed Name of Bankruptcy Petition Preparer_____
Social Security Number_____
Address

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

X _____
Signature of Bankruptcy Petition Preparer_____
Date

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. § 110; 18 U.S.C. § 156.

Chrysler Financial
P.O. Box 9223
Farmington Hills, MI 48334

Afni, Inc.
P.O. Box 3427
Bloomington, IL 61702

Capital One
P.O. Box 85147
Richmond, VA 23276

CBCS
P.O. Box 69
Columbus, OH 43216

Cingular Wireless
P.O. Box 17496
Baltimore, MD 21297

Colonial Credit Corp
Po Box 14188
Hauppauge, NY 11788

Columbia House
P.O. Box 1113
Terre Haute, IN 47811

Cross Country Bank
P.O. Box 10004
Huntington, WV 25770

Daniels & Norelli
265 Post Ave., Ste. 150
Westbury, NY 11590

ERSolutions, Inc.
500 SW 7th St., #A100
P.O. Box 9004
Renton, WA 98057

Financial Recovery Services
P.O. Box 385908
Minneapolis, MN 55438

Fingerhut
P.O. Box 90090
West Chester, OH 45069

Forster & Garbus, Esqs.
P.O. Box 9030
Farmingdale, NY 11735

Great Seneca Financial
P.O. Box 1651
Rockville, MD 20849

Highland Hospital
P.O. Box 30479
Rochester, NY 14603

HSBC
P.O. Box 4215
Buffalo, NY 14240

Mercantile Adjustment Bureau
P.O. Box 9315A
Rochester, NY 14604

North Shore Agency
P.O. Box 8901
Westbury, NY 11590

Providian
P.O. Box 660548
Dallas, TX 75266-0548

Rochester Gas & Electric
89 East Main St.
Rochester, NY 14649

S. Zane Burday, MD
300 White Spruce Boulevard
Rochster, NY 14623

Strong Memorial Hospital
601 Elmwood Ave.
Rochester, NY 14620

The Credit Bureau
19 Prince Street
Rochester, NY 14607

Time-Warner Cable
P.O. Box 994
Buffalo, NY 14270